

TOWN OF MARION
AMBULANCE SERVICE
BILLING AND COLLECTION POLICY

1. The Town of Marion's policy is to bill all transported users or responsible parties regardless of the fact that they have third-party coverage, with the following exceptions. No bill will be generated for:

- Town employees injured within the Town of Marion while in the course of his or her employment

2. The Town of Marion will bill the ambulance user or responsible party shortly after services are rendered.

3. The Town of Marion will contract with an outside billing service (the billing company) to administer the billing process on behalf of the Town.

4. The billing process will be administered as follows: If third-party provider information is obtained, a bill will be sent to that provider shortly after the service is rendered. If no third-party provider information is obtained or a balance remains due after a third-party provider pays, the user will be sent a bill. Follow-up bills shall be sent at thirty (30) day intervals but no more than three (3) patient bills will be sent for any one ambulance run.

5. Users that do not respond to the initial bills described in Item #4 above will be handled as follows:

- If the amount is \$75.00 or less, it will be written off.
- If the amount due exceeds \$75.00, the Town Administrator or his designee will contact the patient to discuss this matter and to determine if a waiver of the fee is appropriate. If a waiver shall be deemed necessary at this point, the Town Administrator shall be authorized to approve said waiver in accordance with the terms of Item 6E below.

6. The Town of Marion may establish that a financial hardship exists, justifying a waiver of the amount due. The Town will use the following process and guidelines to determine the existence of a financial hardship:

- A. All invoices sent to the user will include the option to apply for a waiver due to financial hardship. Said invoices shall have the following message printed in boldface in a clearly visible location: **IF YOU DO NOT HAVE HEALTH INSURANCE AND/OR ARE UNDERINSURED AND PAYMENT WILL CREATE A HARDSHIP CHECK HERE ☐ AND RETURN IN THE ENCLOSED ENVELOPE. YOU WILL BE SENT AN APPLICATION FOR FEE CANCELLATION.**
- B. The Hill-Burton guidelines, which are two times the Federal Poverty Level as defined by the U.S. Department of Health and Human Services, will be used to establish if a hardship exists.

C. The current Hill-Burton Guidelines are :

<u>Family Size</u>	<u>Annual Income</u>
1	\$20,800
2	\$28,000
3	\$35,200
4	\$42,400
5	\$49,600
6	\$56,800
7	\$64,000
8	\$71,200

For each additional person, add \$3,600

- D. The billing company will receive and review all waiver applications. Those users with family incomes below the Hill-Burton Guidelines will have their amount due written off.
- E. Waiver requests with circumstances of hardship beyond the scope or intent of Hill-Burton Guidelines will be sent to the Town Administrator for review and approval.

7. The Town of Marion intends to charge all transported users or responsible parties the same rate. The current rate structure is:

• BLS Non-Emergency	\$227.00
• BLS Base Rate	\$363.20
• ALS Non-Emergency	\$272.40
• ALS Base Rate	\$431.30
• Mileage	\$ 6.42
• Oxygen	\$ 60.00
• Defibrillation	\$140.00
• Airways	\$140.00
• IV Therapy	\$140.00

These rates will be updated annually based upon the changes in allowable rates as published by the Health Care Finance Administration (HCFA).

8. In implementing this policy, the Town Administrator and the billing company will at all times be mindful that it is the intent of the Board of Selectmen that all Marion residents should expect prompt and professional service regardless of their ability to pay for said services. Toward that end, all town staff and vendors are directed to treat all waiver requests with sensitivity and fairness and to ensure that all patients will have full access to services without regard to payment ability.

APPROVED BY THE MARION BOARD OF SELECTMEN ON JULY 8, 2008.